CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted
 directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit
 manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county
 where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

| 1, | RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation CC Fair Hearing | 6. 7. | DATE OF REQUEST: 5/17/17 COUNTY/ORGANIZATION: | NEED RESPONSE BY: 5/31/7 | | | | |
|----|--|----------|--|--------------------------|--|--|--|--|
| | | | San Bernardino County | | | | | |
| | Other: | | SUBJECT: Bureau of Indain Affairs General Assistance Payment | | | | | |
| 2. | REQUESTOR NAME: | 8. | REFERENCES: (Include ACL/ACIN, on NOTE: All requests must have a reg | | | | | |
| 3. | PHONE NO.: | | CFR 273.9(b)(2), MPP 63.5 | 506(b), MPP 502.141 | | | | |
| 4. | REGULATION CITE(S): EAS 63.506(b), P.L. 102-477, 25 CFR 20.300(b), 20.303 | | | | | | | |
| _ | | | | | | | | |

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

Intake customer stated she applied for and is in receipt of the following income: General Assistance Benefits approved by the Bureau of Indian Affairs. Per the the verification received the customer was approved for a six-month period in the amount of \$374 a month minus any countable income. Per the approval document the "funds received must be used for the following four basic needs which are: food, clothing. shelter and utilities". The customer must also "apply concurrently for all financial assistance from other state, county, local, tribal or other federal agency programs he/she is eligible to". Question 1: The document provided by the customer states the funds must be used for food, etc. Is the customer eligible to CalFresh, or would approval constitute duplicate aid?

Question2: Per EAS 63.506, the income is considered federal funds but per Public Law 102-377, (continue page 2)

10. REQUESTOR'S PROPOSED ANSWER:

Since the notice from the Bureau of Indian Affairs states that the income must be used for food then the customer is ineligible to CalFresh, the receipt of both benefits would be duplicate aid.

- 11. STATE POLICY RESPONSE (CFPB USE ONLY):
 - 1. The customer is entitled to apply for benefits.
 - 2. There are very specific cases in the regulations that allow for income to be excluded for Native Americans. MPP 63-506 lists all of the cases in which certain income is excluded in CalFresh. According to MPP section 63-506, general assistance payments are not excluded so the income would be counted as unearned income for the household.

| FOR CDSS USE | | | | | | |
|----------------|-------------------------------|--|--|--|--|--|
| DATE RECEIVED: | DATE RESPONDED TO COUNTY/ALJ: | | | | | |
| 5/17/17 | 06/29/2017sc | | | | | |

| CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued) | | | | | | | |
|--|--------------------------|----|---|-----------------------------------|---|--|--|
| 1. RESPONSE NE | EDED DUE TO: | 5. | ı | DATE OF REQUEST: | NEED RESPONSE BY: | | |
| ✓ Policy/R | egulation Interpretation | | | | | | |
| ☐ QC | □ QC | 6. | - | COUNTY/ORGANIZATION: | | | |
| Fair Hea | ring | 7. | _ | SUBJECT: | | | |
| Other: | | '- | | SOBJECT. | | | |
| 2. REQUESTOR N | AME: | 8. | | REFERENCES: (Include ACL/ACIN, | | | |
| Maria C Con | treras | | 1 | NOTE: All requests must have a re | gulation cite(s) and/or a reference(s). | | |
| 3. PHONE NO.: | | | | | | | |
| (909) 383-07 | 04 | | | | | | |
| 4. REGULATION C | CITE(S): | | | | | | |
| | | | | | | | |

(continued) the federal funds may be supplemented by other types of funds. If the customer is eligible to CalFresh, are the funds considered federal therefore excluded?